

**Edward Hines Jr. VA Hospital School of Nuclear Medicine Technology
Applicant Recommendation Form**

Name of Applicant: _____

Current Address: _____

Name of Reference: _____

Note to the Applicant: Enter your name and address above. Give this form with an envelope marked "Recommendation" to the individual you have asked to provide the recommendation. The reference should complete this form, and **Return it to you** in the envelope provided. **Do not open the envelope** – Mail it to us as part of your complete application package.

Note to the Reference Person: Your confidential assessment of this applicant will greatly assist the selection committee in its decision regarding admission into this professional training program. The recommendation forms are an important part of the application process, and your time in furnishing this information is greatly appreciated. **After completing the form, place it in the envelope provided, seal the envelope, and sign it across the seal. Return it to the applicant**, who will forward it to us unopened, with his/her completed application package. If you prefer please feel free to submit your own form or letter in addition to this form.

1. How long and in what capacity have you known the applicant?

2. What characteristics do you consider to be the applicant's principle strengths and talents?

3. In what areas, if any, can the applicant improve?

(Please Complete Reverse Side)

4. Using the chart below, please give your appraisal of the applicant's skills relative to other individuals you have known in a similar capacity:

Exceptional (top 2%)	Outstanding (top 5%)	Excellent (top 15%)	Good (top 1/3)	Average (middle 1/3)	Below Average	Not Observed
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Intellectual Ability	_____
Maturity	_____
Motivation	_____
Working with others	_____
Creativity/Imagination	_____
Self-Confidence	_____
Leadership Potential	_____
Analyzing problems/ formulating solutions	_____
Oral Communication	_____
Written Communication	_____

5. Please provide any additional comments concerning the applicant, especially regarding his/her aptitude and abilities to succeed as a Nuclear Medicine Technologist. Thank You.

Overall Rating: ___ Strongly Recommend ___ Recommend ___ Recommend with Reservations ___ Not Recommended

Name: _____

Title: _____ Employer: _____

Business Address: _____

Signature: _____ Date: _____